2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000009508

1. Entity Name
THE MOORINGS AT EDGEWATER II CONDOMINIUM



Aug 07, 2006 8:00 am Secretary of State

08-07-2006 90041 009 ****61.25

FILED



	ATION, INC.	· II OOI42		100						
	MANAGEMENT Center PKWY	ADVAN 9031	Address NCED MANAGEMENT TOWN CENTER PKW ENTON, FL 34202				1814 43 111 31 14 33 14	5002		
2. Principal P	Place of Business	3. Mailir	ng Address							
						1,124				
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			08042006 (Chg-NP	CR2E037 (4/	'06)	
City & State		City	City & State			4. FEI Number Applied For 59-2570749 Not Applicable				
Zip	Country	Zip		Country		5. Certificate of	Status Desired		5 Additi	ional
	6. Name and Address of Curren	nt Registered	l Agent			7. Name and Ac	Idress of New Re	gistered Agent	<u>'</u>	
VA/ILSON I	DOUGLAS E			Nam	ne					
WILSON, DOUGLAS E C/O ADVANCED MGNT, INC.			Street Addre			s (P.O. Box Number is Not Acceptable)				
9031 TOWN CENTER PKWY BRADENTON, FL 34202										
DIVIDEIVI	ON, 1 E 04202			City				FL Zip	Code	
8. The above	e named entity submits this statement	for the purpo	se of changing its req	gistered offic	e or register	ed agent, or both,	in the State of Flori	1	with, ar	nd accept
	tions of registered agent.									į
SIGNATURE .	Signature, typed or printed name of registered ages	ect and title il appli	cable (NOTE: Br	ecistered Apent	Identification	(when reinstating)		DATE		
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D	Filing Fee is \$61.25 ue by September 6, 2006		9. Election Campa Trust Fund Con	-	g 🗆	\$5.00 May Be Added to Fees	I	ke check paya ta Department		te
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10.	OFFICERS AND D	DIRECTORS	9. Efection Campa Trust Fund Con	tribution.	PT	ADDITIONS/CHAN	GES TO OFFICER	S AND DIRECTO	RS IN 1	O Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR